

City of Newburgh
DEPARTMENT OF PLANNING & DEVELOPMENT
City Hall – 83 Broadway
Newburgh, New York 12550

TEL: (845) 569-9400

FAX: (845) 569-9700

**APPLICATION FOR PROPERTY REHABILITATION
(RENTAL REHABILITATION LOANS)**



Demetrius Faulk, Housing Loan Officer
Courtney Kain, Community Development Director

PROCESS:

Once the application is submitted, it will be checked for completeness, income eligibility and other criteria. If the application is not complete or other documentation is missing the application will not be reviewed. It is the responsibility of the applicant to ensure that all requested information is supplied.

Once the application is accepted, the property will be inspected and a cost estimate will be made. If the inspection reveals other issues or code violations that need to be addressed then those issues must be addressed before any other repairs or improvements are made. If the cost of the repairs or improvements for the new violations exceeds the amount of the grant, then the owner must show the financial capability to correct the issues. The owner will have 30 days to either correct the new issues or show the financial capability to correct them. If the owner fails to do so within 30 days, the application will be rejected.

The Housing Loan Committee will review accepted applications.

Once the application is approved, unless the owner is a licensed contractor, the owner must obtain three estimates before choosing a contractor. Contract documents will then be prepared and signed by the City, property owner and the contractor. Work can begin only when this process is complete.

When the construction is complete, the work has been inspected, and the owner has signed for approval, then the final payment will be distributed.

*** BEFORE SUBMITTING THIS APPLICATION***

Are you seeking a change of use?

If you are seeking a variance, or a change of use, you must submit your proposal to the Zoning Board of Appeals. An applicant for a variance must demonstrate that a substantial and unique hardship would be created by the strict interpretation of the zoning law, and that this hardship can be corrected by a slight variation to the regulations that will not unduly impact others, or the City as a whole.

Is your project in a historic district?

All work affecting the exterior of buildings in the East End Historic District and the Colonial Terraces Design District falls under the review of the Architectural Review Commission (ARC), including:

- New Construction
- Exterior Alteration
- In-Kind Repairs or Restorations
- Signs
- Demolition

The East End Historic District map may be viewed at:

<http://www.cityofnewburgh-ny.gov/about/docs/HistoricDistrict.pdf>

The Colonial Terraces Design District map may be viewed at:

<http://www.cityofnewburgh-ny.gov/about/docs/ColonialTerracesMap.pdf>

For information on City review boards, please contact the Code Compliance/Building Dept at 569-7400 or visit www.cityofnewburgh-ny.gov.

IMPORTANT APPLICANT ELIGIBILITY CRITERIA:

PLEASE NOTE: ALL TAXES, WATER AND SEWER PAYMENTS MUST BE CURRENT. THIS APPLIES TO ALL PROPERTIES OWNED IN THE CITY OF NEWBURGH, NOT JUST THE LOCATION FOR WHICH THE APPLICANT IS SEEKING FUNDS!

ALL APPLICATIONS FOR THIS LOAN PROGRAM MUST HAVE THE NECESSARY APPROVALS FROM THE ZONING BOARD OF APPEALS AND THE ARCHITECTURAL REVIEW COMMISSION TO BE CONSIDERED FOR REVIEW!

RENTAL PROPERTY REHABILITATION PROGRAM APPLICATION

SECTION 1: OWNERSHIP DATA

A. List the names(s), social security number(s), address(es) and telephone number(s) of all owners of the proposed rehabilitation property:

Name	Address	Tele #	SS#
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Name	Address	Tele#	SS#
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Name	Address	Tele #	SS#
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B. Proposed rehabilitation property address _____
Number & Street

C. Anticipated Construction Start Date: _____

D. Number of stories: _____

E. Total number of housing units in property: _____

F. Are any units owner occupied? Yes _____ No _____

G. Total number of units to be rehabilitated under this program: _____

H. Name, address and telephone number of each property owner's employer.

Employer Name	Address	Tele#
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Employer Name	Address	Tele#
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Employer Name	Address	Tele#
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Employer Name	Address	Tele#
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I. Miscellaneous Information:

1. Estimated market value of property, as is: _____
2. Estimated market value of property, after rehab: _____
3. Current assessed property value: _____
4. Amount of fire insurance coverage: _____
5. Name of insurance agency: _____
6. Address of insurance agency: _____

J. Please attach the following items to the completed application:

1. Copy of the recorded deed.
2. Copy of the latest property tax receipt.
3. Copy of fire insurance face sheet.
4. Personal Financial Statement of each owner.

SECTION 2: PROPERTY INFORMATION

# of Apartments								
# of bedrooms								
# of bedrooms after rehab								
Apt. to be rehabbed? Yes No								
Present monthly rent								
Proposed rent after rehab								
Space Heaters (SH) or Central Heat (CH)								
Please indicate utilities paid by Owner								
Heat								
Hot Water								
Electricity								

ADDITIONAL QUESTIONS

A. Is it anticipated that there will be a need for temporary relocation of any current tenant during the rehabilitation period? Yes_____ No_____

B. Is permanent displacement of any current tenant anticipated? Yes_____ No_____

C. Have any tenants been required to move from the building, without cause, during the last twelve months? Yes_____ No_____

D. Does the applicant have prior experience in a program funded in whole or in part by the Federal, State or local government? Yes_____ No_____ If yes, explain (attach additional sheets if necessary)

E. Is the building, any unit in the building, or any tenant now subsidized or assisted under any Federal or Local Housing Program (e.g. Section 8 rent subsidy); or was any assistance received in the past twelve months? If yes, identify the program and the tenant.

SECTION 3: PROPERTY FINANCIAL INFORMATION

A. PURCHASE DATA:

1. When was the building purchased?_____

2. Purchase price? _____

3. Amount borrowed:_____

4. Monthly debt service:_____

B. MORTGAGE INFORMATION: (Outstanding)

First Mortgage

1. Lender of record (private party or institution) NAME: _____

ADDRESS: _____

Original amount _____, Principal balance remaining _____

Interest rate _____, Term of loan _____, Pay-off Date _____

Monthly debt service _____, Interest only loan: Yes _____ No _____

Type of Mortgage: Conventional _____ FHA _____ VA _____ Other _____

Second Mortgage

2. Lender of record (private party or institution) NAME: _____

ADDRESS: _____

Original amount _____, Principal balance remaining _____

Interest rate _____, Term of loan _____, Pay-off Date _____

Monthly debt service _____, Interest only loan: Yes _____ No _____

Type of Mortgage: Conventional _____ FHA _____ VA _____ Other _____

3. Are there any additional outstanding liens on the property other than those described above?

Yes _____ No _____ If yes, please describe:

C. CAPITAL IMPROVEMENTS

Have you made any capital improvements to the building in the last five years? If so, please provide the following information regarding the improvements:

1. Description of work: _____

2. Cost of work: _____

3. Was a loan(s) secured to cover the above work? If so, please provide the following information:

Amount of Loan _____

Date repayment began _____

Term _____

Monthly payment _____

Remaining Balance _____

SECTION 4: INCOME AND EXPENSE DATA

A. INCOME:	Present Monthly	After Rehab Monthly
1. <u>Total rental income</u> (Residential)	_____	_____
Subtotal	_____	_____
2. <u>Other Property Income</u> Commercial rental income	_____	_____
Laundry Room	_____	_____
Garage rental	_____	_____
Other	_____	_____
Subtotal	_____	_____
Total Income	_____	_____

B. EXPENSES:	Present Monthly	After Rehab Monthly
1. <u>Payroll</u>		
Resident Manager	_____	_____
Maintenance Manager	_____	_____
Employee's apartment	_____	_____
Payroll Taxes	_____	_____
Workers compensation	_____	_____
Other	_____	_____
Subtotal	_____	_____
2. <u>Utilities</u>		
Electricity	_____	_____
Gas	_____	_____
Sewer	_____	_____
Water	_____	_____
Telephone	_____	_____
Oil	_____	_____
Other	_____	_____
Subtotal	_____	_____
3. <u>Fixed Expenses</u>		
Extermination	_____	_____
Trash Removal	_____	_____
Gardening	_____	_____
Other	_____	_____

	Subtotal	_____	_____
4.	Other expenses	_____	_____
5.	Maintenance and repairs	_____	_____
6.	Insurance fees	_____	_____
7.	Real estate taxes	_____	_____
8.	Management fee	_____	_____
9.	Total mortgage payment	_____	_____
10.	Other	_____	_____
	Subtotal	_____	_____
	TOTAL EXPENSES	_____	_____

SECTION 5: REHABILITATION INFORMATION

Circle the type of needed repairs you anticipate

Exterior Work

Steps, Stairs
 Porches
 Doors
 Windows
 Roof
 Gutters, Drains
 Walls
 Foundation
 Chimneys
 Siding
 Paint

Common Areas

Hallways
 Ceilings
 Walls
 Windows, Doors
 Basement, Cellar
 Attic

Miscellaneous

Electrical
 Heating
 Plumbing
 Insulation

Interior Work

Describe briefly, by apartment unit, what type of rehabilitation work you feel is necessary

**CITY OF NEWBURGH
RENTAL REHABILITATION PROGRAM**

TENANT INFORMATION (PROPOSED REHABILITATION UNITS ONLY)

Date:_____

Unit #	Last Name	First Name	Relationship to Owner	Age	Sex

TENANT SOURCES OF INCOME (PROPOSED REHABILITATION UNITS ONLY)

EMPLOYMENT

Name	Employer Address	Annual Income
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** Pension Plan/Social Security Benefits (If yes, list amount for any which apply)**

PENSION:_____

SOCIAL SECURITY_____

**** Please include any other income tenants may have**_____

**** Documentation Needed: 1099/W-2/Tax Return (copy)**

Social Security/Pension

Employment Verification: one month pay stubs

CERTIFICATION

I/We certify that the statements above are true and complete to the best of my/our knowledge and belief.

Signature

Signature

Print Name

Print Name

Monthly Rent:_____

Date:_____

**City of Newburgh
Office of Planning and Development**

Release Form

I authorize the Office of Planning and Development, Newburgh, New York, to obtain such information as it may require concerning statements made in the application for a loan including a credit check.

****All Principals must complete****

Primary Applicant

First Name: _____ **Middle:** _____ **Last Name:** _____

Social Security #: _____/_____/_____ **D.O.B.:** _____/_____/_____ **Age:** _____

Phone # Home: _____ - _____ - _____ **Phone # Work:** _____ - _____ - _____

Address

Current Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Previous: _____

City: _____ **State:** _____ **Zip Code:** _____

Employment

Employer Name: _____

Street Address: _____ **Phone#:** _____

City: _____ **State:** _____ **Zip Code:** _____

Signature: _____

Date: _____/_____/_____

Secondary Applicant

First Name: _____ Middle: _____ Last Name: _____

Social Security #: _____ / _____ / _____ D.O.B.: _____ / _____ / _____ Age: _____

Phone # Home: _____ - _____ - _____ Phone # Work: _____ - _____ - _____

Address

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Previous: _____

City: _____ State: _____ Zip Code: _____

Employment

Employer Name: _____

Street Address: _____ Phone#: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Date: _____ / _____ / _____